



HAND DELIVERED

11) # 960

09 FS-1

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

RECEIVED
RHODE ISLAND
ETHICS COMMISSION
10 JUL 28 PM 4:25

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED,** and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Little, Christopher H.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 125 Fresh Meadow Rd., Wakefield 02879
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

N/A
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____ I was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

Attorney General

5. List the following: NAME OF SPOUSE

Michelle Burg Little

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. (Do Not List Amounts.)

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
Self	Little Medeiros Kinder Bulman & Whitney PC 72 Pine Street, Providence 02903	1-1-09 → 12-31-09 Law Firm
Wife	South Kingstown School Dept Curtis Corner Rd. Wakefield RI	1-1-09-12-31-09 Elementary School Principal

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
Self	Member of limited liability company	72 Pine Street Providence
Self + Wife	T/E in Condominium Unit	Unit 3349 Innisbrook Tarpon Springs FL (Palm Harbor)

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. (Do Not List Amounts.)

NAME OF TRUST: Duane H Little Trust and Helen G. Little Trust

NAME OF TRUSTEE AND ADDRESS: SELF

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: SELF

ASSETS: Money Market Funds

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
Spouse	Kingston Chamber Music Festival Kingston RI	Director
Self	South Kingstown Land Trust South Kingstown	Trustee
Self	South Kingstown Education Foundation South Kingstown	Director

[see attached]

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

Michelle B. Little

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

Eileen E. Burg
2580 River Downs
Stow OH 44224

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

Self

Self

Self

NAME AND ADDRESS OF BUSINESS

Little Medeiros Kinder Bulman +
Whitney PC
72 Pine Street, Providence

Aldrich Mercantile, LLC
72 Pine Street, Providence

See Supplement

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

N/A

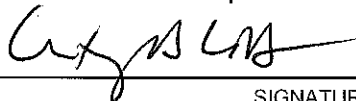
16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

N/A

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.



SIGNATURE

State of Rhode Island

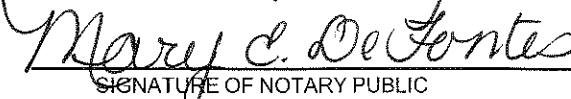
County of

Providence

Subscribed and sworn to before me at Providence this 28th day of July 2010.

My Commission expires:

10/05/13



SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

9. [CONTINUATION]

Self	Little Medeiros Kinder Bulman & Whitney, P.C. 72 Pine Street Providence, RI	Principal & President
Self	Aldrich Mercantile, LLC. 72 Pine Street Providence, RI	Manager & Member

11. [CONTINUATION]

Self	J.P. Morgan Chase Co.
Self	Colgate-Palmolive Co.
Self	CVS Caremark Corp.
Self	Barclays Bank PLC
Self	Ecolab, Inc.
Self	General Electric Co.
Self	Hewlett-Packard Co.
Self	Sysco Corp.
Self	Wal-Mart Stores, Inc.

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Little Medeiros Kinder Bulman +
Whitney P.C.

Address: 72 Pine St

Providence RI 02903

Description: Law Firm Employment

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☒ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Aldrich Mercantile, LLC

Address: 72 Pine Street

Providence RI 02903

Description: Investment Real Estate

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☒ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
County of Providence

CLY ALA July 28, 2010
Signed Date

Subscribed and sworn to before me at Providence on the following date: July 28, 2010

My Commission Expires: 10/05/13

Mary C. DeFonnes
Signature of Notary Public

(Attach additional sheets if necessary)

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: Merrill Lynch

Address: Clearwater FL

Description: INTEREST + DIVIDENDS

ON VARIOUS STOCKS + bonds

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: FIDELITY

Address: Smithfield RI

Description: Interest + dividends

on various stocks + bonds

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
(check one)

Name of Source: RI Motion Picture Production
Co. Tax Credit

Address: 40 Department of Tax Admin

Smith Hill

Providence RI

Description:

Capital Gain

- ☐ Not more than \$1,000
☒ \$1,001 to \$10,000
☐ \$10,001 to \$25,000
☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
☐ \$100,001 to \$200,000
☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

Continuation of General Officer Addendum to 2009 Yearly Financial Statement:

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Net Capital Gain

Address: Income on Sale

of various stocks

Description: [See Attached list]

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☒ \$10,001 to \$25,000

☒ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: Innisbrook Resort

Address: Palm Harbor FL

Description: Rental Income

☐ Not more than \$1,000

☒ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source: _____

Address: _____

Description: _____

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SUPPLEMENT TO
STATEMENT OF INCOME UPON
SALE OF STOCKS AND BONDS

Air Products & Chemical

Altria Group

Amazon

Apollo Group, Inc.

First Energy Corp.

Dentsply International, Inc.

General Electric

Hewlett-Packard

International Game Technology

Scara Corp.

Staples, Inc.

Wisconsin Energy

MetLife Insurance

Millipore Corp.

Quest Diagnostics

Barclays ISHARES

New Hartford, NY School District

Teleflex

Washington Mutual Bank